U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

CMS DE C	
1. File Number U - 84 09	2. Fiscal Year Covered From:
·	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas G Vito	Name International Union Of Bricklayers & Allied Cr
. 4	Labor Organization File Number 000-034
P.O. Box, Bldg., Room No., if any <sub>675</sub>	P.O. Box, Building and Room Number, if any Suite 600
Street 1776 Eye st., NW	Street 1776 Eye st., NW
City Washington	City Washington
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. Supervisor Desktop Support	

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b. Amount.		
Street				
City				
State	ZIP Code + 4			

## Signature

15. Signature and verification. The unders	ersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the informa	auon
submitted in this report (including the information	nation contained in any accompanying documents), has been examined by the signatory and is, to the bes	st of the
undersigned's knowledge and belief, true, co	correct√and complete. (See the section on penalties in the instructions.)	

Signed

On 08/04/2005

202-383-3166

Date

Telephone Number